



**TDROP  
QUARTERLY  
TRANSMITTAL**  
*Public Schools*

FORM # 173

1400 West Third, Little Rock, AR  
Phone (501) 682-1517 or (800) 666-  
Fax (501) 683-1210  
Website - <http://www.artrs.gov>

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
5 Digit Employer #

\_\_\_\_\_  
Quarter Ending Date

\_\_\_\_\_  
Contact Person for Reconciliation

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Employer E-Mail

**TOTALS**

Month

Total TDROP Salaries

Total 14% Contributions Remitted

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

TOTALS:

\$

\$

**A copy of your APSCN Short Report MUST, or other detailed report, MUST be attached to this form  
& submitted electronically.  
Don't Forget to Enter Information into the Web Portal!**

In order to avoid a \$150 late report penalty, under Act 300 of 1993, your remittance report and money must be received in this office by the 15th calendar day following the end of each month the money is due or be postmarked no later than the 14th day of the month due. If the 14th falls on a Saturday, Sunday or National Holiday you will have until the next workday to postmark your remittance report.

**THIS IS THE ONLY NOTICE YOU WILL RECEIVE!**